incremental cost of HUF 143,897 over standard care. This additional cost of care resulted in an incremental 0.05 QALY gain over the 6 months period. The incremental cost effectiveness ratio was 2,863,913 HUF/QALY for the pimecrolimus therapy. **CONCLUSIONS:** Pimecrolimus is more cost-effective than many other health care interventions currently reimbursed by the Hungarian National Health Fund.

PSN4

COST-EFFECTIVENESS MODEL OF ALDARA™ (IMIQUIMOD) CREAM, 5% IN SUPERFICIAL BASAL CELL CARCINOMA IN THE NETHERLANDS

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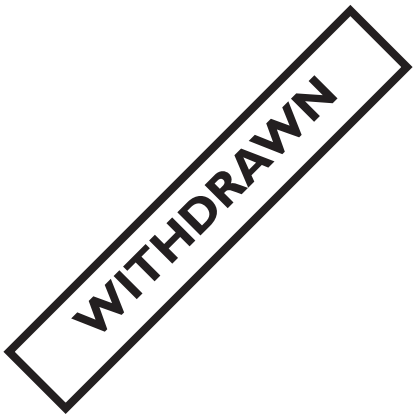
OBJECTIVES: To evaluate short-term and long-term cost-effectiveness of imiquimod versus surgery in the treatment of superficial basal cell carcinoma in The Netherlands. **METHODS:** A decision analytic model adopting a societal perspective was developed and compared cost and outcomes of imiquimod vs. surgery. The short-term (18 weeks) effectiveness outcome was histological clearance, with sustained clearance the outcome at 3 years. Direct costs included costs of excision and Moh's surgery, drugs, adverse events, follow-up and transportation. Indirect costs comprise working hours lost due to dermatologist and surgery visits. Data were derived from clinical trials (Imiquimod histological clearance and recurrence rates), Delphi panel (resource utilisation) and published literature (surgery response and recurrence rates). Cost data were taken from official costing guide and tariff lists. Two scenarios were used for calculating surgery costs: 1) micro-costing (using average time and supplies obtained from the Delphi panel), and 2) a Dutch study on the costs of surgery. Long-term costs were discounted at 4%. **RESULTS:** Compared with surgery, short-term savings with imiquimod were €79 and €97 per patient for scenarios 1 and 2 respectively [total costs: €585 vs. €663 and €590 vs. €687]. Histological clearance of 82% for imiquimod and 91% for surgery made imiquimod a cost-effective treatment option. Long-term costs with imiquimod were an extra €148 and €133 for scenarios 1 and 2 [total costs: €1471 vs. €1322 and €1479 vs. €1346], while sustained clearance with imiquimod was 87% vs. 96% for surgery. The model showed moderate sensitivity to changes in response and recurrence rates, response to treatment, and numbers of working days lost. **CONCLUSION:** While imiquimod is cost-effective in the short-term, long-term cost-effectiveness should be judged with prudence because of the uncertainty surrounding long-term recurrence data. Non-tangible benefits, such as patient preference for avoiding surgery and patient convenience were not quantified in the model either.

PSN5



PSN6

COST-EFFECTIVENESS OF BRIVUDINE COMPARED TO ACICLOVIR FOR THE TREATMENT OF HERPES ZOSTER IN GERMANY

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OBJECTIVES: To examine the cost-effectiveness (CE) of brivudine over aciclovir in the treatment of herpes zoster in Germany. **METHODS:** This CE analysis used effectiveness data from a double-blind RCT comparing brivudine (125 mg p.o. once daily) with aciclovir (800 mg p.o. five times daily). Treatment with brivudine showed a 25% reduction in postherpetic neuralgia (PHN). Based on the IMS prescription index, the 2004 incidence of herpes zoster in Germany was 348,000 cases, with 15.74% consecutive cases of PHN under brivudine and 21% PHN cases under aciclovir. Cost data were obtained from public price lists. One therapy cycle with brivudine or aciclovir costs €95.67 and €32.83 respectively; analgesics for PHN cost an average €1500 annually. The study was conducted considering direct costs only. A sensitivity analysis accounted for varying costs for treating PHN and age-dependent PHN incidences. **RESULTS:** A total of 54,775 PHN cases under brivudine and 73,080 cases under aciclovir were calculated, producing total annual treatment costs of €115,455,660 and €121,044,840. Treatment with brivudine saved costs of €305.34 per PHN case avoided. The sensitivity analysis considered that 60% of herpes zoster patients are 60 years or older (IMS Disease Analyzer 2002), resulting in different numbers of PHN cases depending on age and antiviral therapy. ICERs of brivudine ranged for the older age group between €694.66 (PHN therapy cost: €500) and –€1805.34 (PHN therapy cost: €3000). Corresponding values for the younger age group were €1827.66 and –€672.34. Both antiviral therapies produced equal annual total therapy costs if PHN therapy amounted to €1200. **CONCLUSIONS:** Although three times more expensive, brivudine proved cost effective over aciclovir, producing savings if PHN therapy costs were equal to or higher than €1200. Since effective analgesic therapy would cost an average €3000 annually, brivudine may be recommended as first-choice treatment because of its cost-saving potential and convenient once-daily dosage.

PSN7

EPIDEMIOLOGY AND MANAGEMENT OF EXTERNAL GENITAL WARTS (EGW) IN FRANCE

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